

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

Name: WORTHAM FREDDIE F.
(Last) (First) (Middle Initial)

Prisoner Number: AKH-207

Institutional Address: SANTA RITA JAIL - 5325 BRODER BLVD.
DUBLIN, CA 94568

UNITED STATES DISTRICT COURT**NORTHERN DISTRICT OF CALIFORNIA**

FREDDIE FERNANDO WORTHAM
(Enter your full name.)

vs.

Case No. _____
(Provided by the clerk upon filing)

J. WALDURA (INDIVIDUAL CAPACITY), KERAN BROWN
(INDIVIDUAL CAPACITY), D. KYES (INDIVIDUAL CAPACITY),
M. CARANUS (INDIVIDUAL CAPACITY), C. HART
(INDIVIDUAL CAPACITY), CARRIE CARONE
(INDIVIDUAL CAPACITY) et al.
(Enter the full name(s) of the defendant(s) in this action.)

**COMPLAINT UNDER THE
 CIVIL RIGHTS ACT,
 42 U.S.C. § 1983**

I. Exhaustion of Administrative Remedies.

Note: You must exhaust available administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.

A. Place of present confinement SANTA RITA JAIL
5325 BRODER BLVD. 94568

B. Is there a grievance procedure in this institution? YES ☒ NO ☐

C. If so, did you present the facts in your complaint for review through the grievance procedure? YES ☒ NO ☐

D. If your answer is YES, list the appeal number and the date and result of the appeal at each level of review. If you did not pursue any available level of appeal, explain why.

1. Informal appeal: I WAS NOT PROVIDED WITH THE OPPORTUNITY TO
REBUTAL AT ANY LEVEL BEFORE THE FINAL DECISION.

2. First formal level: _____

3. Second formal level: _____

4. Third formal level: _____

E. Is the last level to which you appealed the highest level of appeal available to you?

YES ☒ NO ☐

F. If you did not present your claim for review through the grievance procedure, explain why.

II. Parties.

A. Write your name and present address. Do the same for additional plaintiffs, if any.

SANTA RITA JAIL
5325 BRODER BLVD.
DUBLIN, CA 94568

FREDDIE WORTHAM

JOSH BLAKE

II

B. For each defendant, provide full name, official position and place of employment.

J. WALDURA, MD. PER SP MEDICAL PROVIDER SANTA RITA JAIL
5325 BRODER BLVD.
DUBLIN, CA 94568

KERAN BROWN, RN. NURSE II

D. KYES DEPUTY II

M. CARAUSI SERGEANT II

C. HART #1489 LIEUTENANT II

CARRIE CARONE #1601 COMMANDING OFFICER II

III. Statement of Claim.

State briefly the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

ON 01/25/2020, I ARRIVED AT SANTA RITA JAIL AND WAS INSTRUCTED TO SPEAK WITH A NURSE REGARDING ANY MEDICAL PROBLEMS OR CONCERNS THAT I MAY HAVE. I WAS THEN SEEN BY NURSE KERAN BROWN WHEN SHE ASKED ME WHAT TYPE OF MEDICATIONS I WAS TAKING ON THE STREET? IN REPLY: "I'M TAKING INSULIN FOR DIABETES, METFORMIN, ASPIRIN, VITAMIN D, HIGH BLOOD PRESSURE MEDICATION, AND A PILL FOR DEPRESSION." I WAS THEN ASKED IF I WERE ALLERGIC TO ANY MEDICATION? IN RESPONSE: "I TOLD NURSE BROWN THAT I AM ALLERGIC TO SHELLFISH, SUCH AS SHRIMP AND CRAB MEATS." AT THIS POINT, I WAS ASKED WHERE DID I PICK-UP MY MEDICATION ON THE STREET? IN RESPONSE: "I TOLD NURSE BROWN THAT I WAS PICKING UP MY MEDICATIONS AT WALMART IN BERKELEY, CALIFORNIA." SHE WENT

IV. Relief.

Your complaint must include a request for specific relief. State briefly exactly what you want the court to do for you. Do not make legal arguments and do not cite any cases or statutes.

MONETARY RELIEF

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

Executed on: July 24, 2020
Date

Freddie Fernandez L. L. L. L.
Signature of Plaintiff

CONTINUE FROM SUPPLEMENTAL PAGE:

A. WRITE YOUR NAME AND PRESENT ADDRESS. DO THE SAME FOR ADDITIONAL PLAINTIFF, IF ANY.

SANTA RITA JAIL
5325 BRODER BVD.
DUBLIN, CA 94568

DONT'A HOLLOWAY (AHS-391)

||

DARRICH BURCH (AHS-980)

||

DAVID PAGAN (BFS-631)

||

RAY FOAKES (UKR-773)

||

BRYAN HERNANDEZ (BMC-759)

||

GARY SIMPSON (AOB-757)

||

MARVIN YOUNG JR. (UIMB-978)

||

T. WARD

||

MD. HARKEN, ALOEN H.

||

STATEMENT OF CLAIM CONTINUE

ON THE COMPUTER SEEKING TO DISCOVER WHAT MEDICATION I WAS RECEIVING AT WALMART. WHILE WAITING ON SOMETHING TO COME UP ON THE COMPUTER NURSE BROWN ASKED JOHN DOE#1 FOR WHAT I WAS LEAD TO BELIEVE WAS A MULTIVITAMIN AND AN ASPIRIN.

ON THE MORNING OF 01/26/2020, AT APPROXIMATELY 0630, I WOKE UP AND LOOKED AT MYSELF IN THE MIRROR AND OBSERVED SWELLING IN MY FACE AND NECK. I WAS TOO EMBARRASSED TO GO TO BREAKFAST SO I ASKED MY CELLMATE TO PLEASE NOTIFY THE DEPUTY OF MY SITUATION.

AS DEPUTY T. WARD APPEARED IN FRONT OF THE CELL DOOR AND ACKNOWLEDGED THE SWELLING IN MY FACE AND NECK BEFORE IMMEDIATELY ESCORTING ME TO THE NURSES OFFICE. AS WE ENTERED INTO THE NURSES OFFICE I OBSERVED THREE JANE DOE#2 AS WELL AS MD. HARKEN, ALOEN H., WHO UNDER FIRST IMPRESSION LOOKED AS IF HE DID NOT HAVE A CLUE AS TO WHAT COULD CAUSE SUCH REACTION. MD. HARKEN, ALOE H., ASKED DEPUTY T. WARD TO ESCORT ME TO THE INFIRMARY FOR FURTHER OBSERVATION AND EVALUATION.

UPON DOCTOR HARKEN MEETING US IN THE INFIRMARY HE ASKED JANE DOE#3 TO INJECT ME WITH AN UNKNOWN MEDICINE IN HOPE THAT THE SWELLING IN MY FACE AND NECK WOULD HAVE SUBSIDED BY MORNING, TO NO AVAIL.

ON 01/27/2020, AT APPROXIMATELY 0900, I WAS AGAIN SEEN BY DOCTOR HARKEN ALONG WITH JANE DOE#3 WHEN IT WAS CONCLUDED THAT THEY HAVE DONE ALL THEY COULD DO AT SANTA RITA TO BRING

THE SWELLING DOWN. SHORTLY, THEREAFTER, I OBSERVED THREE PARAMEDICES IN THE CORRIDOR FROM STANFORD HEALTH CARE WAITING TO PROVIDE ME WITH TRANSPORTATION TO STANFORD EMERGENCY ROOM, PER AMBULANCE.

WHILE BEING TRANSPORTED TO THE HOSPITAL I WAS GIVEN A SHOT OF MORPHINE TO EASE ME OF THE PAIN IN MY FACE AND NECK AND WHILE THE SWELLING IN MY THROAT WAS CUTTING OFF MY BREATHING.

AS WE ARRIVED AT THE HOSPITAL AND WERE WAITING IN THE LOBBY, A DOCTOR APPROACHED ME AND ASKED WHAT WAS THE PROBLEM? IN RESPONSE, "I TOLD HIM IT WAS ALL SO UNCLEAR BUT I BELIEVE IT WAS A MULTIVITAMIN THAT WAS LACED WITH A COATING WHICH CAUSED AN ALLERGIC REACTION." I WAS THEN WHEELED INTO A WAITING ROOM. GIVEN ANOTHER SHOT OF MEDICINE AND HAD BLOOD EXTRACTED WHILE FIGURING OUT THE CAUSE OF MY ALLERGIC REACTION.

SITTING IN THE ROOM FOR APPROXIMATELY TWO HOURS I WAS ABLE TO FEEL A SENSE OF RELIEF TO MY FACE AND NECK, AND WAS CLEARED BY THE DOCTOR TO BE RELEASED. RETURNING TO SANTA RITA INFIRMARY, I WERE PLACED IN A CELL UNDER CLOSE OBSERVATION BY MEDICAL NURSES AND STAFF ALIKE FOR TWO DAYS.

ON 03/03/2020, AS I WERE COMING FROM CLASS I WAS STOPPED BY DEPUTY D. KYES WHO TOLD ME IF I WANTED TO APPEAL MY GRIEVANCE BEING AND WANT TO APPEAL, I NEED TO SIGN. I IMMEDIATELY ASKED DEPUTY KYES WHAT WAS THE REASON FOR THE DENIAL? HE RESPONDED AS FOLLOWS: "YOU TOLD NURSE BROWN THAT YOU WERE NOT ALLERGIC TO ANY MEDICATIONS AND AT YOUR OWN

ADMISSION ALONG WITH WHAT YOU'VE WRITTEN IN YOUR GRIEVANCE." I THEN ASKED TO SIGN THE FORM AND TO BE GIVEN A COPY, BUT WAS ADVISED THAT I WOULD BE RECEIVING MY COPY PER MAIL.

ON 03/06/2020, AT APPROXIMATELY 1030 AM, I WERE INTERVIEWED BY DOCTOR HARKEN WHEN HE HANDED ME A COPY OF FORM COREMR-FLOW SHEET: SHOWING MY BLOOD SUGAR COUNT AS WELL AS MY ALLERGIES; SHELLFISH AND LISINOPRIL.

HOWEVER, NURSE BROWN DID NOT AT NO TIME SPEAK TO ME ABOUT ABOUT THE ADVERSE EFFECTS THAT LISINOPRIL HAS CAUSED AFRICAN AMERICAN. ESPECIALLY, AMONG THOSE OF US WHO ARE DIABETICS WITH HIGH BLOOD PRESSURE.

ON 03/10/2020, I RECEIVED A COPY OF THE INMATE GRIEVANCE RESPONSE WHICH DENIED MY GRIEVANCE.

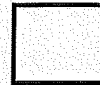
NOTICE:

IN ACCORDANCE TO THE INMATE RULES AND INFORMATION GRIEVANCE PROCEDURE, IT STATES:

"ALL GRIEVANCE AND RESPONSE ARE REVIEWED BY THE COMMANDING OFFICER OR HIS/HER DESIGNEE. ALL DECISIONS MADE BY THE COMMANDING OFFICER ARE FINAL."

STILL, THERE IS DEFIANTLY AN ACT OF DISSENTION IN THIS MATTER AND I AM DISCONTENTED WITH THE RESULTS AS THIS ISSUE MOVES FORWARD.

**ALAMEDA COUNTY SHERIFF'S OFFICE
INMATE GRIEVANCE FORM**



ADA
RELATED

[] Santa Rita Jail [] Glenn E. Dyer Detention Facility

NAME: FREDDIE WORTHAM PFN: AKH-207 DATE: 2/3/2020 HU/FLOOR 3 D 1

Only one grievance issue per form ---- (Subject to refusal if failure to comply) DATE GRIEVANCE OCCURRED 1/25/2020

Grievance Details:

UPON ARRIVAL AT SANTA RITA JAIL IT WAS REQUIRED THAT I SPEAK TO A NURSE CONCERNING ANY MEDICAL PROBLEMS I MAY HAVE. I WAS SEEN BY NURSE K. BROWN, RN WHEN I WAS ASKED ABOUT WHAT TYPE OF MEDICATIONS I WAS TAKING ON THE STREET. I TOLD HER I'M TAKING INSULIN FOR DIABETIC, MEDFORMEN, ASPIRIN, VITAMIN "D", MEDICATION FOR HIGH BLOOD PRESSURE, AND A PILL FOR DEPRESSION. I WAS THEN ASKED IF I WAS ALLERGIC TO ANY MEDICATION. I REPLIED: LETTING HER KNOW THAT I AM ALLERGIC TO SEAFOODS SUCH AS CRAB AND SHRIMP.

NURSE K. BROWN, RN ASKED WERE DO I PICK-UP MY MEDICATION ON THE STREET? I TOLD HER THAT I PICK-UP MY MEDICATION AT WALMART IN BERKELEY. AT THIS TIME SHE WENT ON THE COMPUTER AND PULLED UP THE TYPE OF MEDICATIONS I WAS TAKING AND ORDERED FOR ME A ASPIRIN AND AN UNKNOWN VITAMIN THAT LATERED CAUSED MY FACE AND NECK TO SWELL UP TO THE POINT THAT I FOUND IT HARD TO BREATHE.

ON THE MORNING OF 1/26/2020, I LOOKED IN THE MIRROR ONLY TO HAVE OBSERVED HOW SERIOUS THE SWELLING HAD GOTTEN IN MY FACE AND NECK. AT THIS TIME I ASKED MY ROOMMATE TO NOTIFY THE DEPUTY OF MY CONDITION. THE DEPUTY LOOKED AT MY FACE AND NECK THAT HE IMMEDIATELY ESCORTED ME TO THE NURSE(S) OFFICE. FROM THERE I WAS ESCORTED OVER TO THE INFIRMARY TO RECEIVE FURTHER EVALUATION FOR THE

INMATE SIGNATURE: Freddie Wortham

SEE SUPPLEMENTAL PAGE

By signing this form, you are consenting to a search of your medical, dental, or mental health records for the purpose of this investigation only. This acts as a waiver to your HIPAA rights. If you disagree with this, you must indicate so in your grievance.

DO NOT WRITE ON BACK OF THIS FORM. USE ADDITIONAL GRIEVANCE FORMS IF NECESSARY

DO NOT WRITE BELOW THIS LINE

Received by Deputy: R. Pelt Badge# 2871 Date: 2/4/2020

[] Resolved at Deputy Level

Inmate Acceptance (Signature) _____

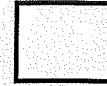
☒ Cannot be resolved at Deputy Level

Grievance Tracking Number: 20-0461

The Deputy who received the inmate's grievance shall attach an Inmate Grievance Response Supplemental Form (ML-53) detailing how they resolved or attempted to resolve the inmate's grievance.

**ALAMEDA COUNTY SHERIFF'S OFFICE
INMATE GRIEVANCE FORM**

[] Santa Rita Jail [] Glenn E. Dyer Detention Facility



ADA
RELATED

NAME: FREDDIE WORTHAM PFN: AKH-207 DATE: 2/3/2020 HU/FLOOR 3 D 1

Only one grievance issue per form ---- (Subject to refusal if failure to comply) DATE GRIEVANCE OCCURRED 1/25/2020

Grievance Details:

CAUSE OF THE SWELLING IN MY FACE AND NECK, WITH NEGATIVE RESULTS, IT WAS DETERMINE BY THE DOCTOR THAT THEY HAD DONE ALL THEY WERE ABLE TO DO HERE AT SANTA RITA JAIL AND RECOMMENDED I BE SENT TO AN OUTSIDE HOSPITAL (STANFORD HEALTH CARE).

AFTER BEING DIAGNOSED AND TREATED AT STANFORD HEALTH CARE I NOTICE AN HOUR LATER HOW MUCH THE SWELLING IN MY FACE AND NECK BEGAN RETURNING TO ITS NORMAL STATE OF APPEARANCE. I WAS SHORTLY RETURNED TO SANTA RITA JAIL FEELING JITTERY FROM ALL THE MEDICATIONS I WAS GIVEN THROUGHOUT THIS ORDER.

S.I.I., THE SIDE EFFECTS FROM THIS UNKNOWN VITIM PLACED MY LIFE IN DANGER TO THE POINT THAT IT EFFECTED MY BREATHING AND CAUSED ME TO SUFFER FROM ANXIETY AND DEPRESSION. TO THIS DATE: 2/3/2020 I AM STILL FEELING NUMBNESS AND A TINGLING SENSATION IN MY FACE AND NECK.

THIS IS THE TYPE OF RIVITIVE DAMAGE THAT WARRENTS THE IMPOSITION OF A SETTLEMENT.

INMATE SIGNATURE: Freddie Wortham

By signing this form, you are consenting to a search of your medical, dental, or mental health records for the purpose of this investigation only. This acts as a waiver to your HIPAA rights. If you disagree with this, you must indicate so in your grievance.

DO NOT WRITE ON BACK OF THIS FORM. USE ADDITIONAL GRIEVANCE FORMS IF NECESSARY

DO NOT WRITE BELOW THIS LINE

Received by Deputy: R. Paul Badge# 2031 Date: 2/4/2020

[] Resolved at Deputy Level

Inmate Acceptance (Signature) _____

[X] Cannot be resolved at Deputy Level

Grievance Tracking Number: 20-0461

PREA Tracking Number: _____

The Deputy who received the inmate's grievance shall attach an Inmate Grievance Response Supplemental Form (ML-53) detailing how they resolved or attempted to resolve the inmate's grievance.

**ALAMEDA COUNTY SHERIFF'S OFFICE
INMATE GRIEVANCE FORM**



ADA
RELATED

☐ Santa Rita Jail ☐ Glenn E. Dyer Detention Facility

NAME: FREDDIE WORTHAM PFN: AKH-207 DATE: 2/4/2020 HU/FLOOR 3 D 1

Only one grievance issue per form ---- (Subject to refusal if failure to comply) DATE GRIEVANCE OCCURRED 2/3/2020

Grievance Details:

ON 2/3/2020, I PROVIDED THE NURSE WITH A MEDICAL REQUEST FORM
ASKING FOR MY MEDICAL RECORDS DATED: 1/25/2020 THROUGH 1/29/2020.

I WAS FURTHER INFORMED BY THE NURSE THAT I WAS NOT ABLE TO RECEIVE
ANY MEDICAL RECORDS WHILE STILL IN THE CUSTODY OF SANTA RITA JAIL
REGARDLESS OF THE FACT THAT I AM FILING A CIVIL COMPLAINT.

MY QUESTION TO THE MATTER, IS THIS A STANDER POLICY THAT SANTA
RITA MEDICAL STAFF ARE INSTRUCTED TO GO ON TO DENY ONE FROM
RECEIVING ONES MEDICAL RECORDS?

INMATE SIGNATURE: Freddie Wortham

By signing this form, you are consenting to a search of your medical, dental, or mental health records for the purpose of this investigation only. This acts as a waiver to your HIPAA rights. If you disagree with this, you must indicate so in your grievance.

DO NOT WRITE ON BACK OF THIS FORM. USE ADDITIONAL GRIEVANCE FORMS IF NECESSARY

DO NOT WRITE BELOW THIS LINE

Received by Deputy: R. Garcia Badge# 2831 Date: 2/4/2020

☐ Resolved at Deputy Level Inmate Acceptance (Signature) _____

☒ Cannot be resolved at Deputy Level Grievance Tracking Number: 20-0462

The Deputy who received the inmate's grievance shall attach an Inmate Grievance Response Supplemental Form (ML-53) detailing how they resolved or attempted to resolve the inmate's grievance.

AFFIDAVIT

ON 1/25/2020, FREDDIE WORTHAM (AKH-207) WAS PLACED IN HOUSING UNIT 3 EAST, "D" POD -(ROOM 5).

ON THE MORNING OF 1/26/2020, I, JOSH BLAKE () AWAKEN ONLY TO HAVE OBSERVED MR. WORTHAM'S FACE SWELLING, TO WHICH, HE ASKED ME TO NOTIFY THE DEPUTY. THE DEPUTY IMMEDIATELY WENT TO CHECK UP ON MR. WORTHAM AND ESCORTED HIM TO THE NURSE(S) OFFICE. FROM THERE HE WAS SENT TO THE INFIRMARY FOR FURTHER EVALUATION TO HIS FACIAL INJURY.

MR. WORTHAM DID NOT RETURN TO "D" POD UNTIL 1/29/2020, BEHIND WHAT APPEAR TO BE AN ALLERGIC REACTION TO HIS WHOLE FACE AND NECK.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

WITNESS(S):

PRINT NAME

JOSH BLAKE (

DONTA HOLLOWAY (BBH-391)

DARRICK BURCH (AHS-920)

DAVID PAGAN (BFS 631)

GARY SIMPSON (A08 757)

RAY FORKES (UKR-773)

MARVIN YOUNG JR. (ULN-835)

BRYAN HERNANDEZ (BNC-754)

Anthony Valdez (UMB-972)

SIGNATURE

[Signature of Josh Blake]
[Signature of Donta Holloway]

[Signature of Darriek Burch]

[Signature of David Pagan]

[Signature of Gary Simpson]

[Signature of Ray Forkes]

[Signature of Marvin Young Jr.]

[Signature of Bryan Hernandez]

[Signature of Anthony Valdez]

INMATE GRIEVANCE RESPONSE

Inmate Copy

GRIEVANCE TRACKING NUMBER: 20-0461INMATE: WORTHMAN, FREDDIE PFN: AKH207 HOUSING UNIT LOCATION: 03-D-01GRIEVANCE IS AFFIRMED: _____ DENIED: X WITHDRAWN: _____ RESOLVED: _____ REFERRED: _____**If grievance is denied, give reason for denial. If affirmed, state what corrective action will be taken (if applicable):**

These findings are based on a review of your grievance received on **February 4, 2020**. In your grievance, you made the following claim:

- You had an allergic reaction to an unknown vitamin which was given to you.

Response: The Grievance Unit presented your grievance to Wellpath. The following response contains input from both the Wellpath and the Grievance Unit.

When you arrived into custody, according to your own grievance, you told the intake screener you were allergic to "seafoods such as crab and shrimp," no medications. You reported taking several medications on the outside, including MVI. This is one of the 2 medications you were taking when you had your reaction. As soon as medical was notified of your allergic reaction the proper procedures were followed, including keeping you in the OPHU for observation and sending you to an outside facility due to you having difficulty swallowing.

You returned from the hospital and continued to stay in the OPHU for observation until 01/29/20. You were ordered a taper of a steroid to assure the resolution of your reaction. If you are continuing to experience symptoms from your reaction then you need to notify medical, either in person or by submitting a medical request slip.

For future reference, if you are ever given a medication and you do not know what it is, ask about it before you take it.

Your grievance is **DENIED**.

Investigating Deputy: D. Kyes, Deputy DIC Date: 02/10/20
 Investigating Supervisor: M. Carausu, Sergeant (K) Date: 02/11/20
 Inmate's Signature: Freddie Worthman
 Do you wish to appeal this ruling? Yes ✓ No _____ Refused to Answer _____ Date: 2/20/2020
 Appeal Officer: C. HART LT 1489 Recommendation: CONCUR Date: 3/3/2020
 Reason for affirmation or denial: (If different from above)
 Commanding Officer: Carrie Carone #1601 CJC Recommendation: **DENIED** Date: 3/4/2020

PROOF OF SERVICE BY MAIL

I, FREDDIE FERNANDO WORTHAM, declare:

I am, and was at the time of the service hereinafter mentioned, over the age of 18 years and not a party to the above-entitled cause. My (residence or business) address is

SANTA RITA JAIL

5325 BRODER BLVD, DUBLIN, CA 94568

and I am a resident of, or employed in, ALAMEDA County, California.

On the date of JULY 24, 2020 I served the FOLLOWING DOCUMENTS

TO GOVERNMENT TORT CLAIM FORM — COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

(exact title of document(s) served)

by depositing a copy of the document(s) in the United States mail at

SANTA RITA JAIL

(location) 5325 BRODER BLVD., (city) DUBLIN, CA 94568

ALAMEDA County, California in a sealed envelope, with postage fully prepaid, addressed as follows: (In the space below insert the name and mailing address of each person you are serving with these documents. If the person is a party to the action or an attorney for a party, indicate that with the address).

GOVERNMENT CLAIMS PROGRAM
P.O. Box 989052, MS 414
WEST SACRAMENTO, CA
95798-9052

CLERK, U.S. DISTRICT COURT FOR
THE NORTHERN DISTRICT OF CALIFORNIA
450 GOLDEN GATE AVENUE, BOX 36060
SAN FRANCISCO, CA 94102

At the time of mailing there was regular delivery of United States mail between the place of deposit and the place of address.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: JULY 24, 2020

Freddie Fernando Wortham
(Signature of person mailing)

FREDDIE FERNANDO WORTHAM
(Name of person mailing, typed or printed)

JS 44 (Rev. 11/15)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

(b) County of Residence of First Listed Plaintiff _____
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number) _____

DEFENDANTS

County of Residence of First Listed Defendant _____
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known) _____

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☐ 2 U.S. Government Defendant
- ☐ 3 Federal Question
(U.S. Government Not a Party)
- ☐ 4 Diversity
(Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|-----------------------------------------|----------------------------|----------------------------|---------------------------------------------------------------|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	PORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Defaulted & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

- ☐ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause:

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____